Self-righteous Rage and the Attribution of Blame

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Clear case formulation requires organization of observation into descriptive units. A clinically useful descriptive unit is the state of mind, as related to other common states and to patterns of transition between states. This report describes self-righteous rage, other dominant affect states commonly associated with it, and the incitements to occurrence of this mental state. Careful study of repetitive patterns clarifies some of the explanations for an excessive readiness to enter such states and indicates how to formulate the developmental level of blame-attribution functions in individual patients.

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Most people have moments of God-like wrath, usually restricted to fantasy, in which devastation of others is justified by their evil qualities. Analysis of such episodes of self-righteous rage may clarify the assignment of blame during different states of mind and thus contribute to our theory of superego functions. The focus of this report is on one aspect of the topic, the ambiguous conceptual location of moral judgment in people especially prone to self-righteous rage because of disturbances in their maintenance of self-esteem.

CLINICAL OBSERVATIONS

Self-righteous rage occurs when a person who is usually composed suddenly becomes intensely, vengefully hostile as an exaggerated response to an insult. Violence—physical or verbal—often exceeds the usual standards of acceptable behavior, but for the moment the perpetrator feels justified. The context in which this kind of rage is triggered has led some clinicians to call it "narcissistic rage." That is, self-righteous rage is often triggered by injuries to the self-concept that would not lead the average person to such real or imagined intensity of destructiveness toward others. On close observation, the rage expressed during these states resembles the hostile destructiveness that the average person might exhibit under threat of extreme personal harm. This kind of rage is described as narcissistic because when it occurs, it follows on injury to a pathological self-concept, and others are assigned an inferior, nonhuman status. It is sometimes called "blind hatred" because of a destructive readiness to injure others on the grounds that they have no right to survive if the self is diminished.

Self-righteous rage is a state of mind that occurs more frequently during the narcissistically vulnerable stages of life development and is more prevalent as an affect state in persons with pathological narcissism. As a state of mind, it is not specific to only one personality style, but can also occur, with other colorations, in persons with mixed personality disorders. Self-righteous rage is part of the continuum of other varied but recurrent states of mind that characterize an individual personality. Other states often found in conjunction with self-righteous rage include a mixed state of shame-rage-anxiety, a state of chronic embitterment, and a state of withdrawn, numb, apathetic dullness. These will be described briefly in prototypical form. Later, a clinical illustration will flesh out the common state transition patterns. Words are italicized when they are used as labels for a state of mind.

The self-righteous rage state is characterized by a full-bodied and sometimes exhilarating expression of towering indignation. The experience of such a state is different from a less full-bodied state of mind that may confusingly compound rage with other nonaggressive emotions such as shame or felt anxiety. Kohut called this a mixed state; Saul called it impotent rage. This report will focus on transitions between self-righteous rage and this mixed state of shame-rage-anxiety.

The anxiety component of the mixed state can be heightened to the point of panic in a chaotic state. Another coloration of the rage occurs as a state of chronic embitterment, a common experience for the person who episodically experiences self-righteous rage. A withdrawn, numb, apathetic dullness may also occur, causing the other various types of rage states (self-righteous, mixed, chronic embitterment) to be viewed as preferable alternatives because
they remove the patient from experiencing life at a deadened level.

An analogous series of positive emotional states also may be noted in such persons. A state of grand entitlement and ebullience is equivalent to self-righteous rage, and a state of sexual or creative excitement compounded with impatience and anxiety is equivalent to the mixed state of shame-rage-anxiety. A chronic embitterment state is related to a state of chronically heightened social vigilance for sources of attention or praise.

Self-righteous rage can be triggered by real or imagined slights to the self and the witnessing of "bad" behavior by others who are related to the self. These trigger stimuli are often relatively mild when compared with the intensity of the anger that is experienced and expressed during the analysis of rage-anxiety. A chronic rage-anxiety state was related to the state of chronically heightened social vigilance for sources of attention or praise.

The patient and his wife constructed shelves in his office, and he was proud of her readiness to devote her time during a busy weekend to improving his work environment. He assigned her the task of screwing shelf brackets to the wall. She was cheerful and willing, but she nicked the wall when her screwdriver slipped off the head of the screw. He shouted "Be more careful, can't you" and gloved at her. She was frightened, then sullen and hurt. He felt a mixture of shame, continued rage, and fear that he had alienated her.

When he described this event at the next analytic session, he accompanied it with a matter-of-fact statement about her clumsiness and a vague reference to his discomfort when she became sullen. In his demeanor and style he showed his characteristic chronically embittered state. His voice had a hard, biting edge as he spoke contemptuously of his wife. He did not communicate all of the details of the event, but focused instead on describing her inaptitude. As the analyst helped the patient to sustain his self-esteem while attempting reconstruction of the episode, details were added.

He spoke of how his wife had marked up the wall. While doing so, he relieved the state of self-righteous rage. His voice became full-bodied, with strong, angry, exclamatory tones. Then, as the discussion proceeded, he focused on his wife as he had in the past and on how this had hurt his wife, he entered a mixed state of shame-rage-anxiety. Associations fluctuated around fear of having an out-of-control pattern in which a dear one was hurt, shame at having hurt her, and rage that her opinion of him had changed from good to bad. His associations also revealed that telling the story meant placing the analyst in a critic's role from which blame was to be assigned to him or to his wife. His state of mind fluctuated as he viewed the relationship as blaming or not blaming him, to various degrees.

Background

Such attacks of rage have been explained as expressions of aggression due to a sudden weakening of ego defenses.13,14 Biological theorists have advanced analogous theories, as in the hypothesis that episodic dyscontrol syndromes occur when neural substrates of inhibition fail in relation to facilitation of the neural substrates of aggression.15 Kohut, Kernberg, Jacobson, Mahler, and others,15,16-11 who described such states as disturbances in narcissistic equilibrium, added explanations focused on instabilities of self and object representations. Normal development of self and object schemata leading to controlled, nondestructive assertiveness and self-protection were contrasted with strained or traumatized developmental lines that predisposed certain individuals to later episodes of such rage states.

Normal development of nondestructive aggression was postulated to begin when the child engaged in the task of separating the self from others. This task involved both assertion of needs and recognition of frustration when others did not gratify these needs. When frustration led to aggressive assertiveness, the child learned the social consequences of displays of anger. Successful assertive techniques gradually became automatic, and excessive aggression was avoided because it was socially unsuccessful.

During this same period, beliefs in the omnipotence of self or the omnipotence of parents were normal. Empathic parental concern for the young child's oscillating needs for both closeness and independence led the child to gradual assimilation of reality.

In situations of excessive indulgence, traumatization, or strain, the child retained omnipotent beliefs, despite reality, because cognition based on such beliefs was an essential criterion of his well-being.

Whenever omnipotence of the self was threatened, or when others were supposed to have omnipotent caretaking roles failed, the self-righteous rage-anxiety state would follow the humiliation of having to reveal a need for the other. When an illusion of self-sufficiency previously had been maintained. An alternative to displaying need through a rage over unmet needs was to become remote. The needs for attachment remained, however, and this emptiness eventually could take on a dulled and deadened quality. With further strain, self-blame became incoherent or fragmentary, and states of depersonalization, hypochondriasis, or outright panic might occur.12

Social learning theory supplements these dynamic and object relations points of view.13 The states of mind displayed by parents were mimicked and became part of the repertoire of the child. The various kinds of rage states already described were passed on as styles of emotional expression in a genealogy or subculture. The self and object views of parents also were passed on from generation to generation. For example, a mother might respond kindly to a demanding child until there was one demand too many. At that point she might display self-righteous rage as a result of being too depleted. The child learned the display as a style for expression, as well as the roles (depleted one, demanding one, accusing one, guilty one) and beliefs (when I demand, I lose love and generate hate).

These patterns might be either channeled more deeply or modified during latency and adolescence. The child who entered latency and adolescence with such unrealistic attitudes expected and demanded to have relatively omnipotent control over others, but he also expected to fail and be failed. Good relationships might have repaired damages, but provocations reduced the likelihood of establishing them. Without reparative relationships, the preposited adolescent then might have polarized views of self and other into sharp extremes of good or bad. The self would be worthwhile or worthless, angelic or demonic. Others would be allies or enemies, good or bad, ideal or flawed. These segregated views of self and other often were organized during development so that bad attributes were externalized12 and aggressive impulses toward the other then were released. The rage that resulted was self-righteous because aggression was justified by projecting evil until it appeared to reside only in the other.

In earlier reports on states of self-righteous rage, I utilized as explanatory principles these extant theories of impaired development of self-concept with resultant tendencies to use defenses of externalization, role reversal, and segregated self and object images.13,14 The situation that triggered rages was frequently noted to be a threat in which the self was appraised as a potential victim, the other person as a hostile aggressor who might insult, injure, subjugate, or engulf the self. Instead of fear, however, the manifest state was self-righteous rage as roles were reversed from weak to strong and as all evil attributes were externalized. The self became the aggressor; the attack became justified by the bad intentions of the other. A transition into the mixed state of shame-rage-anxiety then might ensue if the self was reappraised as a bad aggressor who had excessively injured another, who was now assessed as being a relatively "innocent" victim. Additional clinical work supported these explanations but revealed certain aspects that were insufficient.

Additional Observations

The transition into self-righteous rage, and from it into the mixed state of shame-rage-anxiety, was explained well enough as the result of reversals in designations of who was good or bad. But the suddenness of change and the peculiar combination of shame, rage, and anxiety suggested an additional role in the usually unconscious cognitive structure. This new role involved a critic who assigned and then reassigned blame in an unstable, ambiguous manner.

Loevinger11 has reviewed value judgment as an aspect of ego and superego development and provided a theory of the unfolding
of blame-appraisal functions. Persons who have an especially strong tendency to self-righteous rage have not attained the ideal of adult normality, which is to assign blame for harm according to realistic processing of information and according to value priorities that are stable over time. They have, however, developed values, critical functions, and reality-testing processes and may be well past the developmental stage of conformity. The deficit from the ideal of normality lies both in values (a superego function) and in the processing of information to assign blame (an ego function). The critic's role illustrates one point of view about these complex functions.

Critic's Role

The term "role" is used to avoid designation of self or other as "the" critic. This is necessary because such persons do not consistently view moral injunctions as instigated by self or other, and this is one aspect of their impaired development. Sometimes a given appraisal of blame may be seen as instigated from within and sometimes as instigated from outside of the self. Even when the critical function is located externally, inconsistency is expected as blame is assigned and withdrawn in shifting judgments. State lability—from self-righteous rage to the mixed state of shame-rage-anxiety, or to other states—is common.

The critic's role of the good and bad roles common in fantasy structures underlying rage has been useful. Instead of using reversals in two-party models to examine the structures of repetitive patterns in dreams, fantasies, and interpersonal relationships, a three-party model is used, although the real interpersonal episodes may involve only two individuals. In its most mythopoetic form, this three-party role structure and unconscious fantasy contains a monster, a critic, and a critical audience. The critic admires the hero and loathes the monster. In this situation the hero may exhibit a self-righteous rage state. The three-party role structure is useful here in understanding why a usually restrained person, when confronted with triggers that instigate this model, may freely express fierce, brutal, but pleasurably exciting hostility. The pleasure is an assumption of dominance over the critical other. The hero is identified by feeling merger with a powerful critic (or group) and exhibition of the self to that critic (or group) to gain attention, admiration, and praise. Were the critic suddenly to pity the monster and despise the violence of the hero, the state of the hero would shift from self-righteous rage to the mixed state of shame-rage-anxiety. It is the reaction of the hero to the critic, in the face of this change in alliance, that leads to these mixed reactions.

The following additional vignette from the previous case illustrates such a three-party cognitive structure in more prosaic form.

He played volleyball every week with a team of his friends. In the playoff games for a league championship, his team was far ahead and enjoyed the exhilaration of almost-certain victory. During a volley, a member of the other team kicked out under the net while jumping for a ball. One of his teammates hit the stomach by the foot. His team called out in anger. This expression of shared hostility acted as a release mechanism. He escalated the situation and began to shout insults. As his invective became excoriating, he felt the exhilaration of self-righteous rage, exhibiting his prowess in demolishing someone seen by his group as an enemy.

When one of his teammates quietly said "Calm down," he was sensitized of shame he realized that he had gone beyond the boundaries of sportsmanship. For hours after the game he smoldered in a mixed state of shame-rage-anxiety, ruminating about the incident and feeling anxious about his behavior pattern. The shaming affects he experienced were jumbled feelings of shame at his behavior, anger at his teammates and at the man who had kicked out, and anxiety about what he had done. The shaming quality of these feelings confused him.

During a subsequent session there was repeated recollection of the details of his experience during the episode, expansion of the meanings by the technique of free association, and reconstruction of sequences leading to the following explanatory model. When the teammate said "Calm down," he received new information that led him to another interpretation of the situation. The roles were reversed. The self became the aggressor, the wrongdoer, and the target of scorn; the other person was now seen as the victim, more human, more innocent, less monstrous.

Extended association led to recognition of the importance of a partlyintrojective, partly externalized critic who changed positions. In the self-righteous rage state he felt the judge to be on his side. He was the admired, heroic avenger doing battle with the group's monstrous foe. Transition to the mixed state of shame-rage-anxiety occurred when the critic betrayed him in establishing an alliance with the opponent. As he experienced it, his team first sanctioned his self-righteous rage and then withdrew their sanction, replacing it with criticism. The new attitude of the critic was that the other person had been punished excessively. Responses to the accusation of the critic were experienced as anxiety and shame. Rage continued, contained as anger at the new bond established between the critic and the opponent, and was accompanied by hostility toward the critic for shifting allegiance.

This three-party role relationship model can also be applied to the self-righteous rage he experienced when his wife nicked the wall with her screwdriver. In that instance, the third-party role of the critic seems obscure but adds a powerful explanatory component.

His attachment to his wife had many facets, among them her function as an extension of himself. By marriage, he had added his wife and her good attributes to himself. If his wife were bad, however, this new self-concept would be shattered and "the critic" would cease to admire him. In his rage, the patient partly occupied the critic's role himself, merging with the powerful and superior other to separate himself from his incompetent wife. His self-righteous rage was "as if" his wife had humiliated him deliberately before a judge whose good opinions he required to sustain his identity and well-being. His metaphors indicated his hostility occurred not just because his wife frustrated him, but because he felt devalued personally. For example, he repeated how watching her clumsy behavior made him feel "like an arthritic dog."

Family Dynamics

Common transactional patterns within the patient's family provided the matrix for this concept of an ambiguous critic's role and for easy reversal of self-images in the three-party role relationship structure. The most conflict-laden of the family romance were transacted around themes of admiration and bonding. Both his mother and his father had conspiciously and rapidly shifted the nature of their alliances with each other, with the patient, and with his sister.

His mother was effusively warm and intrusive, but so caught up in her own anxious self-concern that she was often unempathic. Sometimes at the time she cared, but she easily missed the target of what needed care. At other times her own anxiety and depression led her to be remote and uncaring. The patient experienced this as a shift in her view of him from worthy of care to unworthy of interest in his well-being.

The patient and his mother idealized his father, a near-genius who performed miracles at work. His father was unable to express emotions, although while showing the patient a new gadget or toy or explaining the universe he was sometimes animated. When the patient occasionally stuttered, however, his father did not quite succeed in hiding his scorn. During episodes of the patient's insufficiently good behavior, his father referred to him, in discussions with his wife, as "her son." When his father saw the family as bad or deficient, he was likely to detach himself for weeks at a time and concentrate completely on his work. The father modeled the role of a critic who would abandon relationships whenever displeased.

Shifts in alliance from a critical role characterized the family. Each person in the mother-father-son triad alternately was admired or blamed. The patient needed his mother, but he was repeatedly mortified by her clamminess and incompentence, which was matched by an intense social anxiety and a defective self-concept. At the same time, he clung to him for support in social situations to present a dual front to the world, as if to say "Look at the mother with her son, not at me." Just when she woud the alliance most intensively, he wanted most earnestly to dissociate himself from her.

A similar pattern occurred between the mother and father. She
could show off her husband's intellect, he could show off her warmth. Each used a trait of the other to compensate for a sense of personal defensiveness. But the husband would shift from admiring attachment ("the warm couple") to remoteness and withdrawal when the wife's warmth seemed anxious or cloying. She would retaliate with anger at being left alone and exposed to shame. His shift from closeness with his wife to distance, and her shift from admiration of her husband to blame provided the patient with models of the critic's role and its unstable alliances.

It was no surprise, then, that the patient's only sibling, an older sister, developed similar concerns with admiration, blame, and detachment. She struggled for precious independence, insulating herself from everyone in the family. Because the patient had similar desires for independence from his parents, he sought an alliance with her. At times she shared with him her contempt for the mother and father, but the attachment based on shared interest was ephemeral. She could be scornful of his wish to relate to her and his residual desire for attachment to their parents. These qualities in his relationship with his sister also contributed elements of betrayal to his mental model of the critic's role.

**COMMENT**

**Critic's Role**

In the three-party relationship model of critic, good person, and bad person, the critic's role is suggested as an important additional concept in explaining why some individuals are especially vulnerable to labile entry into episodes of self-righteous rage and related states that are often part of a pattern of cyclic transition between states of mind. If the critic's role is the cognitive structure, attribution of blame is the cognitive process that is organized by the properties of this structure. Both functions are aspects of what Freud labeled "ego ideal" and "superego."19,20 As the terms "ego ideal" and "superego" are used presently in psychoanalytic theory, however, they refer to developmentally more advanced mental structures. Some persons may reach adulthood without such advanced structures, and some persons who possess mature, stable ego ideals and values nonetheless may regress to the level of unstable blame attribution. At these immature levels, blame attribution is organized by a critic's role that is sometimes self-owned, sometimes externalized, and often ambiguously hovering or oscillating.

This critic's role may have qualities that can be described on an individual basis. These qualities may range from unrealistic to realistic value attitudes. The more unrealistic versions may attribute good only according to grandiose standards of performance, with sadistic devaluation of everything that falls short of these standards. The more realistic models of the critic may appraise behavior according to standards closer to what is usually possible in the conduct of human affairs. The harsher and more pathologically idealistic and grandiose the critic's role, the greater the tendency to the dehumanizing and explosive variants of self-righteous rage.

**Development of Critic's Role**

It is beyond the scope of this report, which is focused on state-description and role-relationship models, to integrate these observations and hypotheses with theories of moral development. A few additional remarks on possible developmental lines of the critic's role, however, may indicate where such integration might take place, were these hypotheses to be advanced to a theoretical level.

Precursors to the critic's role probably occur during the earliest phases of mother and infant interaction. Inborn response patterns such as crying and smiling are released during development and elicit emotional reactions from the parenting figure. The actions and communications that elicit pleasing attention or disturbing responses from the parent are quickly learned by the child. Eventually, the behavior patterns become less instinctual and are more deliberate. The child watches for responses to its behavior — an admiring smile or nod, a gleam in the eye, a scornful look, a pursed mouth, or simply the absence of any response. Parents with changeable mental states and inconsistent styles of response will affect the child differently from those who provide relatively stable reactions to the child's behavior. Eventually, the child watches its own behavior in the manner that had been experienced as parental reflection and criticism. This process forms what Freud19,20 labeled "ego ideal" and the nucleus of meaning that Beres21 and Spitz22 regarded as precursors of the superego.

The intensification of sexuality during the phases of gender identification and the practice of gender-specific behavior will lead to further development in the role model of the critic. Exhibition of the self to attract sexual interest may lead to excited approval, disinterest, or defensive disgust by any party in the mother-father-child triad. Various enticements of interest, betrayals of allegiance, or criticisms of performance will be reenacted in this sphere of sexuality, just as they already will have been enacted in the spheres of giving and taking, assertion, and control.

The grandiose success of the sexually provocative child in gaining the attention of the opposite-sex parent or, in any way, defeating the same-sex parent may elaborate the hero role. It also places the child in a position vulnerable to sudden deflation. In the arena of real sexual intercourse, the adult who is the same sex as the child takes over. Rage at this reversal of interest may be directed at either the desired one (who yields to a rival), at the rival for replacing the self as the object of interest, at the self for not possessing the requisite talents and traits, or it may be a diffuse reaction to the injury of deflation. During these aspects of the family romance, each pair may bond, with some critical empathy or contempt for the person who is "left out." The patterning of such episodes is internalized, leading the child to learn and revise the critic's role.

These critic's role patterns may be modified during the later resolution of the Oedipus complex and continue to evolve during latency, adolescence, or young adulthood.23 Anxieties such as castration and separation fears, and guilt such as sexual or domination remorse, will intermix in complex ways. Blame, and the more realistic models of the critic may appraise behavior according to standards closer to what is usually possible in the conduct of human affairs. The harsher and more pathologically idealistic and grandiose the critic's role, the greater the tendency to the dehumanizing and explosive variants of self-righteous rage.

**Implications for Treatment Techniques**

Mention should be made of the usefulness of these assertions for interpretative work, as well as to a common resistance to "giving up" self-righteous rage states in the course of character change. Early in treatment, an understanding of states and state transitions may assist both therapist and patient. If the patient is in the midst of a self-righteous rage state during an interview, he is quite likely to be unable to process the meanings of an interpre-
tation. State stabilization is necessary before the process of insight can take place. But when the patient has shifted from the self-righteous rage state, memories of the experience may be inhibited to avoid shame. Spontaneous associations may not be reliable as a route to a therapeutic review of the interpersonal transactions and beliefs that have just been experienced. Instead, it may be necessary for the therapist to bring up the episode and to make careful, repeated, and tactful efforts to reconstruct the order of events, ideas, and feelings.

Clarification may lead to an individualized naming of states. Labels for such usually vague and private experiences help the patient develop a consensual language for communication. They encourage reflection on behavior and focus attention on reasons for changes in state.5 Insight, in turn, increases the chance for conscious controls to compensate for tendencies to enter rage states under certain circumstances. This improvement, however, is at a superficial level. Change that is more than the institution of compensatory controls requires a deeper level of analysis.

This is where analysis of the usually unconscious role structures becomes helpful. Most therapists, during the middle phase of treatment, encourage patients to recognize the self-images and self and object schemata by which they organize a situation and the unconscious interpersonal fantasies by which they provoke situations.1-3 The addition of the critic’s role and the three-party role structure is a subtle but useful supplement to the clear examination of conflicted interpersonal relationship patterns. Focus on the critic’s role encourages the patient to reexamine situations, especially situations of reaction to the therapist, and to reappraise who was to blame, in what way, and to what degree. Irrational but enduring attitudes then can be raised to consciousness and gradually modified by the processes of reflection and differentiation of reality from fantasy.

This reassessment allows for comparisons between archaic self and object schemata and the real nature of current transactions, especially those between patient and therapist. The focus on a sense of betrayal by a critic usually will lead toward genetic reconstruction of the origins of this role. In the course of the work, characteristic defensive maneuvers also will be displayed in their sharpest form. The use of minimization and exaggeration to slide meanings about credit and blame then can be interpreted.19 The therapist may encourage repetitions of information processing, with less distortion each time, and assist the patient to learn consciously new ways of thinking and making value judgments that then can gradually become automatic.

Reconstruction of episodes in the treatment situation usually is necessary also during such examinations of the critic’s role. As the therapist points out the critical attitudes, the patient may feel that the therapist is the critic, become enraged, and criticize the therapist. Confusion often follows, with both parties unclear about the patient’s own experience. Is he being critical of the therapist, critical of himself, or feeling criticized by the therapist? The confusion is part of the mixed state of shame-rage-anxiety and is often a repetition of earlier confusions within the family. It may be helpful to teach the patient that it is not necessary to pin this down all at once, that one can say something like “Criticism is in the air right now.” This labels the hovering and inexact location of the critic’s role within a metaphorical space between self and other. The therapist may then reconstruct the developmental sequence that led to this state of affairs.

Paradoxically, resistance may increase as a result of insight into these rage patterns. These rages, from chronic embarrassment to self-righteous rage, are enlivening and so provide a type of secondary gain. In fact, the patient described habitually the sliding of conceptual meanings of contexts in order to feel enraged. The liveliness of these rages, extricating him from the state of apathetic dullness so common in narcissistically vulnerable persons. That is, he experienced the rage states as “fuel” or “energy.” The rages were idealized and, like an old friend, were embraced to avoid further loss. Only gradually did he learn to enliven himself by healthy, sublimated forms of exhibitionism rather than by reactive rage at being deprived of such pleasures.

Any mental state serves multiple functions. Rages may have a purpose, such as the disruption of a relationship unconsciously regarded as guilt evoking. These multiple functions also would require therapeutic attention, but they are beyond the immediate focus of this report.

Another vignette from the illustrative case can illustrate these general points of technique.

He became involved in a cycle that usually ended in an expression of self-righteous rage. His work routinely required certain safety precautions. Much of the time the patient observed these precautions, but there were times when he ignored them, rationalizing that they were not applicable to the immediate situation. After a period of noncompliance, he again would carry out the precautions when the same situation occurred. Then, when again complying in the prescribed manner, he was most vulnerable to directing temper outbursts at co-workers. He would note someone else committing an infraction of the rules and viciously exacerbate them for it. He initially was unaware of this cycle, but he was quite worried about the work difficulties that ensued because of it.

During the early phase of therapy he became aware of his states of self-righteous rage and of this cycle as one of several situations that could trigger them. He could then predict when he was likely to blow up, increase his alertness to the need for self-control at such times, and prevent some maladaptive behavior. This change was not associated with any shift in his own periodic negligence, nor was he conceptually applying to himself, in any continuous manner, the strict standards and punishments for infraction used to judge co-workers. Intellectual recognition of this double standard followed, however, and struck the patient as quite puzzling. The therapist’s clarification of the double standard at first seemed like criticism, augmenting his transference in which the therapist was seen as exposing and criticizing him. Comparison of this view with the real goals of the therapist—to understand the reasons for his rage—gradually led him to the solution of this puzzle. During this working-through process, his minimization of his own misdemeanors and magnification of the felonies of others was interpreted as a defensive maneuver to protect self-esteem.

After many repetitions, he very gradually modified his own neglectful behavior. This process involved extensive work related to his sense of omnipotence, of being special and an exception, and included his own trial efforts to increase his tolerance for the delays in carrying out tasks that were imposed by the safety precautions.

Summary

Mood changes into and out of states of self-righteous rage, like any mental phenomena, are multiply determined. One facet of explanation includes an ambiguous critical function within a three-party system for conceptualizing roles. The three parties include the admired good or heroic figure, the despised or ignored demoniacal or defective figure, and the critic who looks on and assigns credit or blame. The ambiguity of this critic figure lies both in the instability of its location either as part of the self or being slammed from others and in the instability of its allegiance.

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When events are appraised as the critic admiring the self and scorning another who has caused injury, self-righteous rage may occur. When events are appraised as the self, withdrawing allegiance from the self and giving it to the other, a mixed state of shame-rage-anxiety will occur. These mixed states may then lead to chronic embitterment or dulled withdrawal. The rages yield secondary gains because they enliven the person, shifting him from dulled, deadened, and deflated states. Insight into these factors may lead to interventions that break this vicious cycle.

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References